

APPLICATION FOR BUSINESS TAX LICENSE

City of Franklin Business Tax Dept. P O Box 705 Franklin, TN 37065-0705

| ALL QUESTIONS MUST BE ANSWERED COMPLETELY. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL CO | INCOMPLETE AND OUNTY CLERK OR I | UNSIGNED AF | PELICATION | ONS WILL DELAY PR | ROCESSING |
|--|------------------------------------|---------------|---|---------------------|--|
| 1. INDICATE THE CLASSIFICATION IN WHICH YOU A BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIF Classification 1A Classification 1C | FICATION. | | ATION IS | Classifica | Ending Month |
| Classification 1B Classification 1D | Classification 2 | | sification | _ | ctivity License |
| 2. REASON FOR APPLYING: | | | | (Olidei à lo'coo | Annuai Gross Receipts) ESS BEGAN IN TENNESSEE AT |
| 1. New business 2. Additional location | 3. Purchase | of existing b | usiness | THIS LOCATION | |
| 4. BUSINESS NAME AND EXACT LOCATI | ON | 5. | BUS | INESS MAILING A | DDRESS |
| BUSINESS NAME | | NAME (ENTE | R LEGAL N | IAME, IF DIFFERENT) | |
| STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL RE | OUTE NUMBER) | P.O. BOX, STR | REET, ROU | TE, OR HIGHWAY | |
| APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RUR | AL ROUTE NUMBER) | APARTMENTO | R SUITE N | UMBER | |
| CITY STATE | ZIP CODE | CITY | | STATE | ZIP CODE |
| 6. COUNTY IN WHICH BUSINESS IS LOCATED | ELEPHONE NU | MBER | 8. CONTACT PERSON'S NAME | | |
| IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? NO YES (If Yes, Name of City) | BUSINESS I | FAX NUMBER | | CONTACT E-M | AIL ADDRESS |
| 9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFIC | ATION# | | | | ☐ APPLIED FOR ☐ NOT REQUIRED |
| 10. CURRENT SALES TAX NUMBER FOR THIS BUSINES | SLOCATION | | | | ☐ APPLIED FOR ☐ NOT REQUIRED |
| 11. TYPE OF OWNERSHIP (SELECT ONE): INDIVIDUAL JOINT (COUPLE) GEN PARTNERSHIP CORPORATION | ☐ CORPORAT | ION - SUBS | ☐ LF | NANCIAL INST | 12. TN SECRETARY OF STATE ID #, IF APPLICABLE |
| 13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCA | TION, STATING THE | MAJOR PROD | DUCTS AN | ID/OR SERVICES SO | DLD; |
| 14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OF | R COMPANY OWNER | RS (SEE INSTR | UCTIONS | | |
| (1) NAME | AME HOMETELE | | | ☐ SOCIAL SECUR | RITY# <u>OWNER'S</u> FEDERALEIN |
| HOME ADDRESS (DO NOT USE P.O. BOX #) | CITY | | | | TATE ZIP CODE |
| , | | | | ~ | |
| . Member Dofficer Partner | Owner - | Individual | | wner - Company | Shareholder |
| (2) NAME | HOMETELE | PHONE# | | ☐ SOCIAL SECU | RITY# OWNER'S FEDERALEIN |
| HOME ADDRESS (DO NOT USE P.O. BOX #) | CITY | | | | TATE ZIP CODE |
| HOMEADDREGG (BONG) | O(1) | | | Q | TATE ZIP CODE |
| ☐ Member ☐ Officer ☐ Partner | Owner - | Individual | □ 0· | wner - Company | Shareholder |
| 15. THE STATEMENTS MADE ON THIS APPLICATION AR AND BELIEF. (THIS APPLICATION MUST BE SIGNED | BY THE INDIVIDUA | LOWNER, A PA | ARTNER, | FOR | OFFICIAL USE ONLY |
| OR AN OFFICER OF THE CORPORATION. THE SIGN. | ATORY MUSTALSO | BE LISTED IN | ITEM 14.) | Amount | Due: \$15.00 |
| SIGN HERE: | | | | | f Photo ID Require |
| SIGNATURE of PERSON IDENTIFIED IN ITEM 14 (DO | NOT PRINT OR USES | тамР) | | | |
| TITLE | DAT | E | | None and the second | |
| | NO | | *************************************** | | |

APPLICATION FOR BUSINESS TAX LICENSE INSTRUCTIONS

1. Select the classification under which your dominant business activity falls. "Dominant business activity" means the business activity that is the major and principal source of taxable gross sales of the business. If you need assistance in determining the appropriate business tax classification, please ask your county clerk or the designated city business tax official. You may also wish to refer to the document "Determining Your Business Tax Classification," which is available at tn.gov/revenue. Enter the month on which the taxpayer's fiscal year ends.

Entities having less than \$10,000 in annual gross receipts may either select the option for "Minimal Activity License" or register for a regular business license in the appropriate business classification. Minimal Activity Licenses are valid for only the fiscal year selected. Each year in which the taxpayer will have less than \$10,000 in annual gross receipts, a new Minimal Activity License must be obtained.

- 2. Select the reason for which the application is being filed new business, additional location, or the purchase of an existing business.
- 3. Enter the date on which the applicant began or will begin conducting business activities at the location for which registration is being made.
- 4. Enter the name and exact location address of the business being registered. Include the business name, street address, city, state, and zip code.
- 5. Enter the mailing address of the business being registered. Enter the legal name (if different from location name), street address or post office box number, city, state, and zip code. If the legal name and mailing address are identical to the information in Item 4, leave Item 5 blank.
- 6. Enter the name of the county in which the business is located. Indicate whether the business is located within the limits of a city in the county. If the business is located within the limits of a city, enter the name of the city. Note: A business located within the limits of a city may have a business tax obligation for both the county and the city. If so, the business must obtain a business license from both the county and the city.
- 7. Enter the telephone number and, if applicable, the fax number of the business being registered.
- 8. Enter the name of a contact person for the business being registered. Enter the contact person's email address.
- 9. Enter the Federal Employer's Identification Number (FEIN) of the business being registered. If the business has applied for but not received an FEIN, so indicate. If no FEIN is required, so indicate.
- 10. If the business being registered currently has a sales and use tax account with the Tennessee Department of Revenue, enter the sales and use tax account number. If the business has applied for but not received a sales and use tax account number, so indicate. If no sales or use tax account number is required, so indicate.
- 11. Select the legal structure type of the business being registered.
- 12. Enter the Tennessee Secretary of State identification number of the business being registered, if applicable.
- 13. Enter a description of the business activities being performed by the business at the location being registered. Indicate the main products and services sold at this business location. Please be as detailed as possible.
- 14. Enter the names, home addresses, and home telephone numbers of two owners, officers, or partners in the business being registered. If the owner is an individual, enter the owner's social security number and check the appropriate box. If the owner is a business entity, enter the owner's FEIN and check the appropriate box. Finally, check the box to indicate whether the person is an individual or business entity owner, partner, officer, or member. This information is critical. It will allow us to identify persons with whom we may discuss the business tax account when needed.
- 15. The application must be signed by an individual owner, partner, or officer of the business being registered. The person who signs the application must be listed in Item 14 on the application form. Indicate the title of the person signing the application (i.e., owner, partner, officer) and the date on which the application is signed.



BUSINESS USE ZONING CERTIFICATION & DETERMINATION

| Applicant Name: | | | | | | | | | |
|--|--------|-------------|--|--|--|--|--|--------|------|
| Email Address: | | | | | | | | | |
| Applicant Phone Number: | | | | | | | | | |
| Business Name: | | *** | | | | | | | |
| Description of Proposed Use: | | | | | | | | | |
| Physical Address of Use (include suite number): Previous Use of this Location, if any: Approximate Square Footage of Business Use: | | | | | | | | | |
| | | | | | | | Date of Application: | | |
| | | | | | | | ☐ Commercial Business ☐ Home Occupation *********************************** | árak u | - &- |
| For Commercial Business Only: | L-4P-4 | ** | | | | | | | |
| Will business be located in an existing space? Y / N A new space? Y / N | | | | | | | | | |
| | , | N | | | | | | | |
| If yes, what type of work? | , | 7.4 | | | | | | | |
| Have required Building, Plumbing, Mechanical and Electrical permits been obtained? Y | 7 | N | | | | | | | |
| If yes, what are the permit numbers? | | | | | | | | | |
| Is any signage proposed? Y / N *If yes, a sign permit is required* | | | | | | | | | |
| ****************************** | ** | ** | | | | | | | |
| For Home Occupations Only: | | | | | | | | | |
| Applicant has read Chapter 4.1.2 Accessory Uses & 4.1.6(5) Home Occupations? Y | 1 | N | | | | | | | |
| Is there a Home Occupation Business currently operating at this address? | 1 | N | | | | | | | |
| If existing business operating at this location, what is the business name? | | | | | | | | | |
| Is business located entirely within dwelling? | | | | | | | | | |
| Is business less than 25% of the total floor area of the principal structure? | 1 | N | | | | | | | |
| Is the structure at the above address your primary residence? | | | | | | | | | |
| Will customers be coming to this property? | | | | | | | | | |
| Will you have more than one employee, pupil or customer at this location at one time? Y | 1 | N | | | | | | | |
| Will the business require equipment or vehicles? | 1 | N | | | | | | | |
| If business equipment or vehicles required, where will they be stored/parked when not in use? | | | | | | | | | |
| Explain | | | | | | | | | |
| Inaccurate or incomplete applications may be denied. Do not write below this | | | | | | | | | |
| Building and Neighborhood Services Department Determination: | i ARXI | e. | | | | | | | |
| Current Zoning? Business Use Classification? | | | | | | | | | |
| | | | | | | | | | |
| County Health inspection required? Y / N Recorded? Y / N | | | | | | | | | |
| Zoning Administrator:Date: | | | | | | | | | |
| ☐ Application is approved. ☐ Application is NOT approved. | | | | | | | | | |
| Building Official: Date: | | | | | | | | | |
| ☐ Application is approved. ☐ Application is NOT approved. | | | | | | | | | |
| | | | | | | | | | |